

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
 () Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

ATTORNEY'S DOCKET PU4727
First Named Inventor: BUXTON
<i>Complete if known:</i> App No.:
Filing Date
Group Art Unit:

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL METHODS OF TREATMENT

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on as United States application Serial No. *10/629,177 or PCT International

Application Number _____ filed 29 July 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

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**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued
ATTORNEY'S DOCKET NUMBER:
PU4727

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

Bonnie DEPPENBROCK
919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR BUXTON	FAMILY NAME Signature	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP MISSISSAUGA	CITY STATE OR FOREIGN COUNTRY ONTARIO, CA		COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR CURRIE	FAMILY NAME Signature	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE			Date: 16 - Dec - 2003
0	RESIDENCE & CITIZENSHIP DURHAM	CITY STATE OR FOREIGN COUNTRY NORTH CAROLINA, US		COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR DELA-CRUZ	FAMILY NAME Signature	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP MISSISSAUGA	CITY STATE OR FOREIGN COUNTRY ONTARIO, CA		COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR GOODSON	FAMILY NAME Signature	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE
0	INVENTOR'S SIGNATURE			Date: 15 - DEC - 2003
0	RESIDENCE & CITIZENSHIP DURHAM	CITY STATE OR FOREIGN COUNTRY NORTH CAROLINA, US		COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR KAROLAK	FAMILY NAME Signature	FIRST GIVEN NAME WLODZIMIERZ	SECOND GIVEN NAME/INITIAL Date:
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR MALEKI	FAMILY NAME Signature	FIRST GIVEN NAME MEHRAN	SECOND GIVEN NAME/INITIAL Date:
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR IYER	FAMILY NAME Signature	FIRST GIVEN NAME VIJAY	SECOND GIVEN NAME/INITIAL Date:
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR MUPPIRALA	FAMILY NAME Signature	FIRST GIVEN NAME GOPAL	SECOND GIVEN NAME/INITIAL Date: <i>16 Dec 2003</i>
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR PARR	FAMILY NAME Signature	FIRST GIVEN NAME ALAN	SECOND GIVEN NAME/INITIAL Date: <i>16 Dec 2003</i>
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR SIDHU	FAMILY NAME Signature	FIRST GIVEN NAME JAGDEV	SECOND GIVEN NAME/INITIAL Date: <i>16 Dec 2003</i>
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP AU	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR STAGNER	FAMILY NAME Signature	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME/INITIAL Date: <i>16 Dec 2003</i>
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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NO. 2568 P. 15

2	FULL NAME OF INVENTOR VIIJAY-KUMAR	FAMILY NAME Signature	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA Date:
0	INVENTOR'S SIGNATURE	RESIDENCE & CITIZENSHIP MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	POST OFFICE ADDRESS Research Triangle Park	CITY	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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 First Named Inventor:
BUXTON
Complete if known:
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY <small>Continued</small>				<small>ATTORNEY'S DOCKET NUMBER</small> PU4727
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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u>			Direct Telephone Calls to: Bonnie DEPPENBROCK 919 483 1577	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME Signature	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD Date: <i>12 December 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY HALTON HILLS	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME Signature	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL Date:
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME Signature	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A Date: <i>11 December 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME Signature	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE Date:
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2 0 4	FULL NAME OF INVENTOR KAROLAK	FAMILY NAME <i>W.</i> KAROLAK	FIRST GIVEN NAME WLODZIMIERZ	SECOND GIVEN NAME/INITIAL <i>Jan 19/2004</i>
	INVENTOR'S SIGNATURE <i>W. Karolak</i>	DATE:		
	RESIDENCE & CITIZENSHIP MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA	
2 0 4	FULL NAME OF INVENTOR MALEKI	FAMILY NAME <i>M.</i> MALEKI	FIRST GIVEN NAME MEHRAN	SECOND GIVEN NAME/INITIAL <i>8 Jan. 2004</i>
	INVENTOR'S SIGNATURE <i>M. Maleki</i>	DATE:		
	RESIDENCE & CITIZENSHIP NORTH YORK	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA	
2 0 4	FULL NAME OF INVENTOR IYER	FAMILY NAME <i>V.</i> IYER	FIRST GIVEN NAME VIJAY	SECOND GIVEN NAME/INITIAL <i>06 Jan 2004</i>
	INVENTOR'S SIGNATURE <i>V. Iyer.</i>	DATE:		
	RESIDENCE & CITIZENSHIP TORONTO	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA	
2 0 4	FULL NAME OF INVENTOR MUPPIRALA	FAMILY NAME <i>S.</i> MUPPIRALA	FIRST GIVEN NAME GOPAL	SECOND GIVEN NAME/INITIAL <i>Date:</i>
	INVENTOR'S SIGNATURE			
	RESIDENCE & CITIZENSHIP DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 4	FULL NAME OF INVENTOR PARR	FAMILY NAME <i>S.</i> PARR	FIRST GIVEN NAME ALAN	SECOND GIVEN NAME/INITIAL <i>FRANK</i>
	INVENTOR'S SIGNATURE	Date:		
	RESIDENCE & CITIZENSHIP DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 4	FULL NAME OF INVENTOR SIDHU	FAMILY NAME <i>S.</i> SIDHU	FIRST GIVEN NAME JAGDEV	SECOND GIVEN NAME/INITIAL <i>SINGH</i>
	INVENTOR'S SIGNATURE	Date:		
	RESIDENCE & CITIZENSHIP HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP AU	
	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2 0 4	FULL NAME OF INVENTOR STAGNER	FAMILY NAME <i>S.</i> STAGNER	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME/INITIAL <i>ALLEN</i>
	INVENTOR'S SIGNATURE	Date:		
	RESIDENCE & CITIZENSHIP DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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NO. 2568 P. 19

2	FULL NAME OF INVENTOR VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
0	INVENTOR'S SIGNATURE <i>Ayye</i>	Date: 11 Dec. 2003	
4	RESIDENCE & CITIZENSHIP BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA

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 First Named Inventor:
BUXTON
Complete if known:
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Filing Date

Group Art Unit:

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2	FULL NAME OF INVENTOR BUXTON Signature	FAMILY NAME BUXTON	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD Date:
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP MISSISSAUGA CITY STATE OR FOREIGN COUNTRY ONTARIO, CA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB	
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CURRIE Signature	FAMILY NAME CURRIE	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL Date:
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP DURHAM CITY STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR DELA-CRUZ Signature	FAMILY NAME DELA-CRUZ	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A Date:
0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP MISSISSAUGA CITY STATE OR FOREIGN COUNTRY ONTARIO, CA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
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0	INVENTOR'S SIGNATURE			
0	RESIDENCE & CITIZENSHIP DURHAM CITY STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
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2	FULL NAME OF INVENTOR KAROLAK Signature	FAMILY NAME KAROLAK	FIRST GIVEN NAME WLODZIMIERZ	SECOND GIVEN NAME/INITIAL Date:
0	RESIDENCE & CITIZENSHIP MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
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0	RESIDENCE & CITIZENSHIP MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR MUPPIRALA Signature	FAMILY NAME MUPPIRALA	FIRST GIVEN NAME GOPAL	SECOND GIVEN NAME/INITIAL Date:
0	RESIDENCE & CITIZENSHIP DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR PARR Signature	FAMILY NAME PARR	FIRST GIVEN NAME ALAN	SECOND GIVEN NAME/INITIAL FRANK Date:
0	RESIDENCE & CITIZENSHIP DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR SIDHU Signature	FAMILY NAME SIDHU	FIRST GIVEN NAME JAGDEV	SECOND GIVEN NAME/INITIAL SINGH Date: <i>22 - JAN - 2004</i>
0	RESIDENCE & CITIZENSHIP HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP AU	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR STAGNER Signature	FAMILY NAME STAGNER	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME/INITIAL ALLEN Date:
0	RESIDENCE & CITIZENSHIP DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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2	FULL NAME OF INVENTOR	FAMILY NAME <u>VIJAY-KUMAR</u>	FIRST GIVEN NAME <u>AKUNURI</u>	SECOND GIVEN NAME/INITIAL <u>VENKATA</u>
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY <u>MISSISSAUGA</u>	STATE OR FOREIGN COUNTRY <u>ONTARIO, CA</u>	COUNTRY OF CITIZENSHIP <u>IN</u>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US